



TRANSMITTAL FORM

to be used for all correspondence after initial filing)

Attorney Docket No.	2665/7
Application Number	10/810,353
Filing Date	March 26, 2004
First Named Inventor	David VANKER
Group Art Unit	3627
Examiner	Ronald Laneau

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Amendment / Response to Restriction/Election Req. <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Post Card Receipt <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Check for \$60.00 for 1 month extension (small entity) <input checked="" type="checkbox"/> Check for \$25.00 for 1 excess claim fee (small entity) <input type="checkbox"/>
<input type="checkbox"/> Status Letter <input type="checkbox"/> Extension of Time Request (duplic) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-0930. A duplicate copy of this sheet is enclosed.	

CALCULATION OF FEE					Small Entity		Large Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total	21	Minus	3 (20)	0	1 x \$25=	25.00	x \$50=	
Indep.	3	Minus	2 (3)	0	x \$100=	0	x \$200=	
First Presentation of Multiple Dep. Claim					+ \$180=		+ \$360=	
					total add'l fee	\$ 25.00	total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Michael H. Baniak, Reg. No. 30,608 Attorney for Applicant(s) Steven B. Courtright, Reg. No. 40,966 Agent for Applicant(s) BANIAK PINE & GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606	Date: October 3, 2005
Signature		
CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:		October 3, 2005
Signature	 Jeffrey A. Pine/Steven B. Courtright	Date: October 3, 2005